DEC 0 6 2004 DESTRUCTIONS: The for a point private. All furnished continuous transference of maintenance resource and maintenance resource of the private o	respondence including the l	smitting the ISSUI Patent, advance ord in Block I, by (a)	or E	PUBLICAT Fication of a new corresponding Fee	3) 746-4000 ION FEE (if requinaintenance fees we spondence address; ee: A certificate of (s) Transmittal. Thiers. Each additiona	r Patents inia 22313-1450 red). Blocks 1 through 5 sill be mailed to the current and/or (b) indicating a sep mailing can only be used f s certificate cannot be used I paper, such as an assignm	should be completed where t correspondence address as arate "FEE ADDRESS" for for domestic mailings of the for any other accompanying ent or formal drawing, must
FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600 CHICAGO, IL 60603-3406 Reg. No. 16,754				hav I he Sta add	c its own certificate Cer reby certify that th tes Postal Service w ressed to the Mail	tificate of Mailing or Transmission. tificate of Mailing or Tran is Fee(s) Transmittal is beir vith sufficient postage for fi Stop ISSUE FEE address TO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile
APPLICATION NO.	FILING DATE	FIRST NAMED INVE				ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/466,387 12/17/1999 PAT L. GORDON TITLE OF INVENTION: GASTRIC STIMULATOR APPARATUS AND METHOD FOR USE 12/07/2004 RMEBRAH1 00000077 061135 09466387 01 FC:1501 1370.00 DA 27.00 DA							
APPLN, TYPE	SMALL ENTITY	ISSUE FE	ISSUE FEE		CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330			\$0	\$1330	12/02/2004
EXAMINER		ART UNIT		CLAS	S-SUBCLASS		
SCHAETZLE, KENNEDY 37				60	7-040000		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer 2 registere				inting on the patent front page, list ames of up to 3 registered patent attorneys OR, alternatively, ame of a single firm (having as a member a d attorney or agent) and the names of up to red patent attorneys or agents. If no name is a name will be printed. FITCH, EVEN, TABIN & FLANNERY			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Transneuronix, Inc. Mt. Arlington, New Jersey							
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	atent) :	Individual 🗸 🔾	orporation or other private g	roup entity Government
42. The following fee(s) are	enclosed:		Payment of	. ,	. 64 6 (3)		
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Authorized Signature Date 12/2/04							
Typed or printed name _	Julius Tab	in			Registration	No. 16,754	

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